

Area 1, West Texas
LMAZ—Rural West Texas

Subpopulation: M/MS Hispanic

Ranking: 4

Name of Intervention	AIDS Demonstration Project
Risk Behavior(s)	Inconsistent barrier use for anal/oral sex, with multiple partners at-risk for HIV. High drug use.
Influencing Factor(s) or FIBs	Self-efficacy Self-esteem Peer pressure Social norms Substance use Culture Arousal Intention Relationship development Access Language
Intended Immediate Outcomes	To increase condom use with main and non-main partners And to increase disinfection of injecting equipment
Type	Community-Level Intervention
Setting	Street setting, public sex environments, other community venues
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Based on proven theories: Social Learning theory and the Transtheoretical Model (Stages of Change) Offers opportunity to practice relevant skills, repeated community contacts Intervention has been shown to be effective with members of the IDU population.

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Name of Intervention	MPOWERment
Risk Behavior(s)	Inconsistent barrier use for anal/oral sex, with multiple partners at-risk for HIV. High drug use.
Influencing Factor(s) or FIBs	Expected outcomes Social Support Social norms Self-efficacy Adaptation must address: Self-esteem Peer pressure Substance use Culture Arousal Intention Relationship development Access Language
Intended Immediate Outcomes	To reduce HIV Risk Behaviors, in particular, unprotected anal sex
Type	Community-Level Intervention
Setting	Mpowerment Center and other community venues where young gay men congregate
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	Based on Empowerment Model Diffusion of innovation Social Learning Theory Offers opportunity to practice relevant skills Men who participated in the Mpowerment Project reduced their frequency of unprotected anal intercourse significantly more than the men in the comparison group.

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Name of Intervention	Cognitive and Behavioral Adaptations to HIV/AIDS among Gay and Bisexual Adolescents
Risk Behavior(s)	Inconsistent barrier use for anal/oral sex, with multiple partners at-risk for HIV. High drug use.
Influencing Factor(s) or FIBs	<p>Perceived susceptibility</p> <p>Self-efficacy</p> <p>Outcome expectancies</p> <p>Social norms</p> <p>Adaptation must address:</p> <p>Self-esteem</p> <p>Peer pressure</p> <p>Substance use</p> <p>Culture</p> <p>Arousal</p> <p>Intention</p> <p>Relationship development</p> <p>Access</p> <p>Language</p>
Intended Immediate Outcomes	To increase high-risk sexual behavior, including unprotected sex associated with drug use. To increase knowledge about HIV/AIDS, to teach communication and refusal skills, to promote consistent condom use, to promote HIV testing and counseling, to teach the adverse effect of alcohol and drug use on risk reduction
Type	Individual and Group-Level Intervention
Setting	Professional settings (not identified)
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	<p>Based on Social Learning Theory</p> <p>Offers opportunity to practice relevant skills</p>

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Name of Intervention	Factors Mediating Changes in Sexual HIV Risk Behaviors among Gay and Bisexual Male Adolescence Ages 14-19
Risk Behavior(s)	Inconsistent barrier use for anal/oral sex, with multiple partners at-risk for HIV. High drug use.
Influencing Factor(s) or FIBs	<p>Misconceptions about how HIV is spread</p> <p>Expected outcomes</p> <p>Communication and negotiation</p> <p>Self-efficacy</p> <p>Group norms</p> <p>Peer Pressure</p> <p>Adaptation must address:</p> <p>Self-esteem</p> <p>Substance use</p> <p>Culture</p> <p>Arousal</p> <p>Intention</p> <p>Relationship development</p> <p>Access</p> <p>Language</p>
Intended Immediate Outcomes	To reduce the occurrence of unprotected sex among gay adolescent males. To improve training in social skills and behavioral self-management, to identify and provide group and social support from peers, to address youths' need for comprehensive health care.
Type	Group-Level Intervention
Setting	Community-based agency for gay youth
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	<p>Based on the Social Learning Theory</p> <p>Offers opportunity to practice relevant skills.</p>

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Tab 7 – Intervention Selection Form

Subpopulation: ALL SUBPOPULATIONS

Ranking: MMS-Hispanic-4

Name of Intervention	Prevention Counseling/Partner Elicitation (PCPE)
Risk Behavior(s)	Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Environmental facilitators (access to condoms and testing) Knowledge of STDs Group or Cultural Norms
Intended Immediate Outcomes	Increase proportion of HIV-infected persons who know their status Increase condom use Improve communication and negotiation skills Improve self perception of risk Provide access to condoms and testing Improve knowledge of STDs Reduce Number of sex partners
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other community-based locations
Currently provided?	Yes
Rationale for selecting intervention:	<p>Counseling, testing, referral and partner services have been recommended as an effective intervention for all populations in Texas. In the Centers for Disease Control and Prevention's <i>HIV Prevention Strategic Plan Through 2005</i>, Goal 2 is to increase the proportion of HIV-infected people in the U.S. who know they are infected through voluntary counseling and testing. The CDC's objectives to meeting this goal support the inclusion of this intervention for all populations. These objectives include: improving access to voluntary, client-centered counseling and testing in high seroprevalence populations and increasing the number of providers who provide voluntary, client-centered counseling and testing. The core elements of this intervention include risk assessment, risk reduction plan, and the option to test for HIV either anonymously or confidentially.</p> <p>The Texas CPGs recommend the following strategies to promote PCPE:</p> <ol style="list-style-type: none"> 1) Fact Sheet p. 31. <i>Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women</i>. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to request condoms, to talk with friends about AIDS, and to get tested for HIV. 2) Fact Sheet p. 34 <i>Context Framing to Enhance HIV Antibody Testing</i>

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	<p><i>Messages Targeted to African-American Women.</i> This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.</p> <p>3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.</p> <p>4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.</p> <p style="text-align: right;">pcpe</p>
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Tab 7 – Intervention Selection Form

Subpopulation: All **high priority** subpopulations, consistent with CDC
Guidance, September 1997

Rankings: MMS-HISPANIC-4

Name of Intervention	Prevention Case Management (PCM)
Risk Behavior(s)	Multiple high risk behaviors consistent with HIV Prevention Case Management Guidance, September 1997 by the CDC Substance use Sex without condoms Multiple partners
Influencing Factor(s) or FIBs	Perceived susceptibility Fatalism Self Efficacy Peer Pressure Cultural group norms
Intended Immediate Outcomes	Increase condom use Decrease number of partners Increase Self Esteem Referral for new HIV positives into Early Intervention Programs Referral of HIV positives into more intensive Intervention Programs that address the Factors Influencing the Risky Behavior.
Type	Individual Level Intervention
Setting	Community based organization, STD clinics, other locations
Currently provided?	No
Rationale for selecting intervention:	<i>This intervention should target only high-risk individuals, whether HIV-positive or HIV-negative, with multiple, complex problems and risk-reduction needs.</i> This intensive, client-centered prevention activity has the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors. It is suitable for individuals seeking stability and regularity in their lives and/or individuals who are reaching an action step in dealing with health concerns. PCM should include 1) client recruitment and engagement, 2) screening and assessment of HIV and STD risks and medical and psychosocial service needs, 3) development of a client-centered prevention plan, 4) multiple session HIV risk-reduction counseling, 5) active coordination of services with follow-up, 6) monitoring and reassessment of client's needs, risks, and progress, and 7) discharge from PCM services upon attainment and maintenance of risk-reduction goals.

pcm

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Subpopulation: MMS living with HIV/AIDS Ranking: Medium

Name of Intervention	Prevention for HIV Infected Persons Project (PHIPP)
Risk Behavior(s)	Unprotected anal/oral sex, multiple partners with partners at risk for HIV, high use of alcohol, use of drugs
Influencing Factor(s) or FIBs	<p>Relationship Development</p> <p>Relationship dynamics</p> <p>Social position</p> <p>Self-efficacy/communication skills</p> <p>Social networks</p> <p>Social support</p> <p>Social group norms</p> <p>Expected outcomes</p> <p>Perceived susceptibility</p> <p>Perceived severity</p> <p>Perceived benefits</p> <p>Perceived barriers with the intention to overcome them</p> <p>Unknown serostatus</p> <p>Access</p> <p>Follow-up/Referral</p> <p>STD testing and treatment (surrogate markers – co-factors of the transmission of HIV)</p> <p>44.4% reported having oral sex and 33.3 % reported having anal sex. 10% also reported having an at least one other sexually transmitted infection in the past. 60% reported having multiple partners. 5% reported having exchanged sex for money and 5% exchanged money for sex. 55% reported having a history of substance use. 56.7% reported that their partners were also at-risk for HIV infection with 70% reporting that their partners had multiple partners. 50% reported drug use. 20% reported the use of cocaine, and 20% reported using marijuana. 50% reported using alcohol.</p>
Intended Immediate Outcomes	Reduce the frequency of unprotected anal/oral/vaginal intercourse
Type	Group-Level Intervention
Setting	Community setting with access to medical and social services
Is this intervention currently being provided in your planning area?	No
Rationale for Selecting this Intervention:	<p>Based on the Health belief model, and The Social Learning Theory</p> <p>Offers opportunity to interact with other persons living with HIV/AIDS. Offers opportunity to practice relevant skills.</p>